

A list of county election offices may be found at sos.mt.gov/elections

Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY	Filed thisday of	20
	Document # 1 2021	-
	Fee Paid: cash check	credit
	By: BY:	

Oath of Can	aidacy	© By:_	BY: Deputy or Filing Officer	
DECLARATION AND DATH OF CANDIDACY TO 3	BE FILED WITH SECRETARY OF STATE OR CO	OUNTY ELECTION ADMINIST	RATOR AS APPLICABLE	
office of: Neighbor ho Full name of office including district	t and/or department numbers if applicable	Name of Pol	ltical Party	Nonpartisan
Candidate Name (printed exactly as it sho	ould appear on the ballot):	Aren F	7. Grov	1e
Mailing Address: Street or PO Box	- Hre NO	Gre City	At FALLS	59401 zip
Residence Address: Same Street		City		Zip
County of Residence: CASCA	de Home/Mobile	Phone: 406-288-1	246 Work Phone:	
Email Address: Groves 200	bresnannet we	bsite Address:		
IF THIS DECLARATION IS FOR THE OFFICE OF GO	OVERNOR, YOU MUST COMPLETE THE FOL	LOWING INFORMATION		
Lieutenant Governor Name (printed exact	dy as it should appear on the ballot):_			
Mailing Address:	R	esidence Address:		
Phone: Email Address:	v	Vebsite Address:		
IF THIS DECLARATION IS FOR THE STATE LEGISI	LATURE, YOU MUST SELECT ONE OF THE FO	OLLOWING:		
(a) I hereby affirm that I am either a I legislative district if it contains all o	resident of the county in which I am a correst of more than one county, OR	candidate, if it contains o	one or more legislative dis	stricts, or of the
(b) I hereby affirm that I will meet the of the Secretary of State in writing FILING FEE – FEE MUST BE PAID BEFORE FILING	when I qualify or if I do not qualify.	for 6 months preceding	the general election and	will notify the office
Candidate Filing Fee, if applicable, in the	he amount of \$i	s hereby submitted with	this Declaration and Oat	h of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN	N IN THE PRESENCE OF A NOTARY PUBLIC	OR AN OFFICER OF THE OF	FICE WHERE THIS FORM IS F	ILED:
hereby affirm that I possess, or will poss	sess within constitutional and statuto			
the United States and the State of Monta	ng.	101	11/2-2	1
Talen,	Sur		11/20/	1
Signature of Candidate		Date		
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana				
County of	ich	V	100. A	1 ~ 10
Signed and sworn to before me this	day of June	20 by	went.	Gall.
	1		Printed Name of Co	indidatè
Where to file for Federal, Statewide, State District and Legislative offices:		Honn	10 tel Di	1
Montana Secretary of State		Signature of Nota	ary or Public Official	
State Capitol, 2 nd Floor, Room 260 PO Box 202801	BONNI	E FOGERTY	Pannel	Doubte
Helena, MT 59620-2801	NOTARY NOTARY	PUBLIC for the	Printed Name of Nota	ary Public
Online: sos mt gov	SEAL) B Posiding at G	of Montana Great Falls, Montana		1001
By Fax: 406-444-2023	My Com	mission Expires ember 3, 2021	Notary Public for the	State of
Where to file for County, City and	Septe		Residing at:	atalls, mi
most Local District offices: County Election Office				1 ms 402
A list of course election offices may	1		My commission expir	es: Zu



Declaration for Nomination and

ح ک	Filed thisday of	,20
ON	Document #	
PFICE	Fee Paid: ash check_	credit
- P	Filed thisday of Document # Fee Paid: cash check By: Deputy or Filing Officer	
	Deputy or Filing Officer	

	Oath of Cand	didacy JUN 1 1 202	FOR FILE	Fee Paid:	credit
DECLARATION AND O	ATH OF CANDIDACY TO 38	FILED WITH SECRETARY OF STATE OR	COUNTY ELECTION ADI	MINISTRATOR AS APPLICABLE	
Filing for office of:	ighbor Ho	A SEP S A STATE OF THE PROPERTY OF THE PROPERT		e of Political Party	Nonpartisan
Candidate Name (p	rinted exactly as it sho	uld appear on the ballot):			
Mailing Address:	18-16 /S+ reet or PO Box	Ave N	City	Great Galls	5940/ Zip
Residence Address:	1816 15+ Street	Ave N	City	Great Falls	59401 Zip
County of Residence	e: Casead	e Home/Mob	le Phone: 406 8	36 233 Work Phone:	
Email Address:	coobg 232 e	msw.com v			
IF THIS DECLARATION	IS FOR THE OFFICE OF GO	VERNOR, YOU MUST COMPLETE THE F	OLLOWING INFORMATI	ON	
Lieutenant Governo	or Name (printed exact	y as it should appear on the ballot):		
Mailing Address:			Residence Address:		
Phone:	Email Address:		_ Website Address:		
legislative di (b) I hereby affi of the Secret FILING FEE – FEE MUS Candidate Filing	istrict if it contains all o irm that I will meet the tary of State in writing o IT BE PAID BEFORE FILING Fee, if applicable, in th	esident of the county in which I am r parts of more than one county, O residency qualification(s) in (a) abo when I qualify or if I do not qualify. IS VALID e amount of \$	ove for 6 months preco	eding the general election and was	will notify the office
	t I possess, or will posse and the State of Montai	ess within constitutional and state na.	itory deadlines, the q	qualifications prescribed by the	Constitution and laws of
	1		6	11-01	
Signatu	ure of Candidate		Date	The state of the s	
NOTARY PUBLIC OR AI State of Montana County of	ascidi.	day of June		y	dall.
State District and	Federal, Statewide, Legislative offices:		Por	Printed Name of Co	ndidate
Montana Secretar State Capitol, 2 nd PO Box 202801 Helena, MT 5962	Floor, Room 260		Signature of Signa	f Notary or Public Official Printed Name of Nota	TO PUBLIC
Online: sos.mt By Fax: 406-44	gov 14-2023	SEAL Residir	State of Montana ng at Great Falls, Montana y Commission Expires September 3, 2021		Menlan
Where to file for a most Local Distric		With the same of t	September 5, 2021	Residing at:	at Fulls IN

County Election Office A list of county election offices may be found at sos.mt.gov/elections

My commission expires:



FOR FILING OFFICE ONLY	Filed thisday of	,20
	Document #	
	Fee paid: cash check	credit
	By:	
	Deputy or Filing Officer	

Deciaration for Normitation and	Fee paid: cash checkcredit
Oath of Candidacy	Fee paid: cash check credit
APR 2 9 20	Deputy or Filing Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUL	NTY ELECTION ADMINISTRATOR AS APPLICABLE
Filing for office of: Neighborhood Council 8	OR Nonpartisan
Full name of office including district and/or department numbers if applicable	
Candidate Name (printed exactly as it should appear on the ballot):	nie J. Scott
Mailing Address Cit	y and State Zip Code
3425 7th Ave N	Freat Falls, MT 59401
Residence Address Cit	ry and State Zip Code
3425 7th Ave N	Fireat Falls, MT 59401
County of Residence Contact Phone Email Address	Website Address
	Scot (Sungenta, com
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLO	WING INFORMATION:
Lieutenant Governor Name (printed exactly as it should appear on the ballot):	
Electeriant Governor Name (printed exactly as it should appear on the band).	
Mailing Address: Res	sidence Address:
Phone: Email Address:	Website Address:
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ONE OF THE FOLLOWING	.OWING:
(a) I hereby affirm that I am either a resident of the county in which I am a call legislative district if it contains all or parts of more than one county, OR	ndidate, if it contains one or more legislative districts, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in (a)above for of the Secretary of State in writing when I qualify or if I do not qualify.	or 6 months preceding the general election and will notify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	
Candidate Filing Fee, if applicable, in the amount of \$	s hereby submitted with this Declaration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OF	AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:
I hereby affirm that I possess, or will possess within constitutional and statutory	deadlines, the qualifications prescribed by the Constitution and laws of
the United States and the State of Montana.	11 00 0 0
Signature of Candidate	<u>4-26-202 </u> Date
NOTARY PUBLIC OR AUTHORIZED OFFICER	Date
State of Montaina	
County of day of day of	20 D by Johnnie J Soft.
Where to file Federal, Statewide,	Printed Name of Candidate
State District and Legislative offices: Montana Secretary of State	Jonne Glid
P.O. Box 202801	Signature of Notary or Public Official
State Capitol Building, 1301 E. 6 th Ave	Vonnue togot
2nd Floor, Room 260 Helena, MT 59620 BONNIE F NOTARY PU	rifficed frame of motary rubit.
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 State of M Residing at Great	Montana
Where to file County, City and most My Commiss September	
Local District offices:	
County Election Office A list of county election offices may be [SEAL/STAM]	My commission expires: 1, 201/
found at: sosmt.gov/elections	